

REGISTRATION FORM
Mayor's Commission on Disabilities

Excellence in Employment & Accommodation Awards Luncheon

**Thumel Business Center Atrium
Robert Merrick School of Business
University of Baltimore
11 West Mount Royal Avenue
Baltimore, Maryland 21201-5779
Friday, October 22, 2004
12 noon- 2:30 p.m.**

Please photocopy for additional registrants.

A. Your information

* Denotes required information

* Name _____

Organization/Agency/Company _____

* Street _____

* City, _____ * State, _____ * Zip _____

* Phone () _____ Fax () _____ *E-mail _____

B. Entrée Selection: Circle/Underline/Highlight choice:

1. Honey Dijon Boneless chicken, tossed salad, garden blend rice, steamed vegetables, rolls, soda, water, cookies
2. Vegetarian – Assorted Steamed Vegetables
3. Kosher

C. Registration Deadline: Friday, October 8, 2004. The cost is \$25.

No Tickets will be sold at the door.

Make Check Payable to: **Director of Finance, City of Baltimore for \$25.00.**

Mail your checks to:

**Ms. Regina Bellina, Mayor's Office of Employment Development
417 E. Fayette Street, Suite 401, Baltimore, Maryland 21202
Tel-410-396-8132**

2004 NOMINATION FORM

MAYOR'S COMMISSION ON DISABILITIES PUBLIC AND PRIVATE EMPLOYER AND EMPLOYEE EXCELLENCE IN EMPLOYMENT AND ACCOMODATION AWARDS

Page 1 of Nomination Form

The EMPLOYEE private and public sector awards are given to persons with a disability who have exhibited exceptional ability and determination in entering or re-entering the workplace or whose work activities are highly commendable. The EMPLOYER private and public sector awards are given to employers to recognize the extent and effectiveness of employer activities in promoting employment opportunities and/or services for individuals with disabilities beyond what is mandated by law. THE BONAVENTURE ACHINANYA HONOR award recognizes leadership, advocacy, collaboration, and a consumer friendly demeanor in assisting people with disabilities. All awardees are residents of or work in Baltimore City.

1. **Select the appropriate category:**

- ☐ Employee (Please check one: Private Sector _____ Public Sector _____)
- ☐ Employer (Please check one: Private Sector _____ Public Sector _____)
- ☐ Bonaventure Achinanya Honor Award - to an individual that exemplifies the following qualities:
 - ☐ Demonstrates a commitment, passion, and perseverance toward accomplishing goals to benefit individuals with disabilities
 - ☐ Demonstrates collaboration and accommodation on every level so that all can participate
 - ☐ Is a citizen of Baltimore City
 - ☐ Has a documented track record in advocating for people with disabilities
 - ☐ Demonstrates a friendly, exuberant, and consumer friendly demeanor in interacting with people with disabilities

2. **Instructions for submitting nominations:**

- Please prepare a one-page, typed or printed, description of why the EMPLOYEE or EMPLOYER deserves the above recognition that was checked. Please be sure to include:
 - If an EMPLOYEE nomination - a description of the EMPLOYEE's efforts to enter or re-enter the workforce and/or description of the commendable work that the EMPLOYEE with a disability performs. Please provide the employee's job title and duties.
 - If an EMPLOYER nomination - a description of the EMPLOYER's impact on the lives of persons with disabilities and how the EMPLOYER's employment activities exceed what is mandated by law. Please provide a description of the business.
 - If for the Bonaventure Achinanya Honor Award - a description of the INDIVIDUAL's impact on the lives of persons with disabilities. Please provide the individual's record of accomplishment, advocacy, and references that reflect their commitment, advocacy, behaviors, and attitudes in assisting people with disabilities.

2004 NOMINATION FORM

Page 2 of Nomination Form

NOMINEE'S NAME: _____

NOMINEE'S ORGANIZATION: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax: () _____

E-mail: _____

.....
NOMINATOR'S NAME: _____

NOMINATOR'S ORGANIZATION: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax: () _____

E-mail: _____

Please mail, e-mail, or fax, the completed nomination forms to Ms. Felicia French, Commission on Aging and Retirement Education (CARE), 10 North Calvert Street, Suite 300, Baltimore, MD 21202 by Friday, September 17, 2004. Her fax number and e-mail address are (410) 385-0381 and Felicia.French@baltimorecity.gov. For more information, please contact Dr. Nollie P. Wood, Jr. via e-mail at Nollie.Wood@baltimorecity.gov or via phone at 443-984-1617.

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